

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	IND.	DEP.					51						
2	IND.	DEP.					52						
3	IND.	DEP.					53						
4	IND.	DEP.					54						
5	IND.	DEP.					55						
6	IND.	DEP.					56						
7	IND.	DEP.					57						
8	IND.	DEP.					58						
9	IND.	DEP.					59						
10	1						60						
11	IND.	DEP.					61						
12	IND.	DEP.					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20	1						70						
21	1						71						
22							72						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	7						TOTAL DEP.						
TOTAL CLAIMS	10						TOTAL CLAIMS						